RFP #0634-231
MHD Benefits Package Design
Questions and Answers

1. Question: Is there statutory, budgetary or legislative intent language that identifies specific evidence based practices to be included in the benefit plan?

   Answer: No

2. Question: Should the response be limited to a strict definition of evidence-based practices (e.g., manualized interventions with more than one double-blind randomized controlled study) or are all programs contained in "A Summary of Best and Promising Mental Health Practices" to be deemed suitable?

   Answer: In terms of evidence based practices, the State is interested in evidence based practices that are proven in the field and promising practices with cultural relevance.

3. Question: Has there been any stakeholder (consumer, family, provider, practitioner, advocacy organization, etc.) input process to date to identify priority service types to be included in the benefit design? Are there reports or summaries of that input available via the Internet or otherwise?

   Answer: A link to a paper done by the Washington State Mental Health Transformation Project is provided as a reference:

   http://www.mhtransformation.wa.gov/MHTG/strategies.shtml

   Scroll down the Products & Reports: Task Group Strategies page to the Evidence-based, Promising and Emerging Practices (EBPEP) Task Group to find the relevant materials.

   Please note that this project is not under the direction of the MHD but does provide insight into recent stakeholder discussions in this state on the topic of services.

4. Question: Is there an expectation that family/peer specialist services will be included in the benefit design? Is there a peer/family sponsored peer specialist certification process in place or anticipated?

   Answer: The purpose of the Q&A process is to clarify the RFP document and not to provide feedback on what should be included in an individual response.

5. Question: What, if any, evidence based practices or service modalities are the RSNs currently funding, either under their Medicaid capitation or with other sources of funding? Is there any central registry of such practices in Washington? Are there any mandated evidence-based practices that the RSN's must provide now?

   Answer: MHD does believe that some EBP's are being provided by the RSN's. MHD does not have sufficient detail to identify those at this time. There is no central registry or evidence-based practices that RSNs are currently required to provide as part of the standard RSN contracts.

6. Question: Are best practices related to pharmacy/medication utilization to be included in the benefit design? Is the state currently using any pharmacy benefit management instrument or service?

   Answer: No. The pharmacy benefit for mental health consumers is administered through the physical health benefit for Medicaid consumers and is not part of RSN capitation rates. The question related to pharmacy benefit management instruments or services is not relevant to the scope of work of this RFP.

7. Question: The scope of work in the RFP specifies "assistance with the development of cost assumptions related to identified priority services." Please describe what type of cost analyses are expected under this item. Will the cost assumptions include estimated rates for new service types? Will DHSH want an analysis of the potential impact of new service modalities on the overall capitation calculation? Does the state already have arrangements for actuarial review, or should this be included in the proposal?

   Answer: The desired assistance required by the scope of work is development of a unit cost methodology per service.

8. Question: Are residential services for children, adolescents or adults included in the current benefit package? Does the state purchase child and adolescent RTF beds beyond the 44 identified as CLIP beds at McGraw, Pearl Street and Tamarack Centers? Are there comparable residential beds for adults in the system?

   Answer: As a reference, the following is a link to the 2006-08 Federal 1915(b) Capitated Waiver Renewal which includes the full list of covered mental health services and definitions beginning on page 35.

   http://www1.dshs.wa.gov/pdf/hrsa/mh/WaiverRenewal2006_2008_Approved.pdf

   As per the attached document, the current Medicaid mental health benefit package includes the modality mental health services in a residential setting. The purpose of this modality is to provide clinical residential support. The RSN's also receive state mental health funding which can be used to provide residential care including room and board and non-clinical supervision. The state does not directly purchase children's residential mental health beds beyond the CLIP program and does not directly purchase comparable residential beds in the adult system.

9. Question: The RFP does not identify a subset of the universe of individuals with mental illnesses (elders, children and adolescents, etc.) so are we correct in assuming that appropriate services across the full life-span should be addressed?

   Answer: This is correct, MHD is interested in services across the full life-span.

10. Question: Most states have either existing or planned health/behavioral health integration models, with or without Medicaid waivers, for at least some populations. Are there such models in place or contemplated in Washington State that should be taken into consideration in the benefit design process?

    Answer: This is not relevant to responding to the requirements of the RFP.

11. Question: What is the time frame for moving the system from its current array of services to a recommended mix or options? Has the Legislature set a date?

    Answer: There is no date established for changing the current benefit package. This project is designed to gather information which will be used to provide options for DSHS leadership as well as the executive and legislative branch.